

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1	1				
3		1				
4		1				
5						
6		1				
7		1				
8		1				
9		2				
10		2				
11		1				
12		1				
13		1				
14		1				
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16	1					
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45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	2					
TOTAL DEP.	48					
TOTAL CLAIMS	50					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL DEP.						
TOTAL CLAIMS						